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SIPDIS

DEPT FOR AF/S; AF/EPS; AF/EPS/SDRIANO  
DEPT ALSO FOR S/OFFICE OF GLOBAL AIDS COORDINATOR  
DEPT PLEASE PASS TO USAID FOR GLOBAL BUREAU KHILL  
USAID ALSO FOR GH/OHA/CCARRINO AND RROGERS, AFR/SD/DOIT  
ALSO FOR AA/EGAT SIMMONS, AA/DCHA WINTER  
HHS FOR THE OFFICE OF THE SECRETARY, WSTEIGER AND NIH, HFRANCIS  
CDC FOR SBLOUNT AND DBIRX

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TAGS: [ECON](#) [KHIV](#) [SOCI](#) [TBIO](#) [EAID](#) [SF](#)

SUBJECT: SOUTH AFRICA PUBLIC HEALTH SEPTEMBER 9 ISSUE

#### Summary

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1. Summary. Every two weeks, USEmbassy Pretoria publishes a public health newsletter highlighting South African health issues based on press reports and studies of South African researchers. Comments and analysis do not necessarily reflect the opinion of the U.S. Government. Topics of this week's newsletter cover: Drug-Resistant TB Threat to SA; Most of SA Accepts Euthanasia; Public Hospital Fees to Decline; Inquiry Launched to Determine if Ineffective AIDS Cure Still Sold; Rath Foundation Conducts Illegal Experiments; Release of Two Studies Delayed; Decline in 2005 SA Human Development Rating; and AIDS Infections still Increasing in Corporate Sector. End Summary.

#### Drug-Resistant TB Threat to SA

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2. Research shows that the threat of drug-resistant TB is greater than previously thought. The Center of Excellence for Biomedical Tuberculosis Research at Stellenbosch University released a study showing that TB strains causing drug-resistant disease may be even more resistant to drugs than previously believed. People with drug-resistant strains of TB are freely passing on the dangerous bacteria, because diagnosis is too slow. More than half of patients with drug-resistant TB tested in two of the Western Cape Province's four health districts were resistant to Pyrazinamide (PZA), one of the four drugs included in the main single-dose treatment of TB in the country. The researchers said urgent efforts were needed to diagnose TB quickly. If first-line treatment failed, the risk of multi drug-resistant TB grew in patients already infected with drug-resistant strains. The university's Dr Tommie Victor, professor of medical biochemistry, said some patients in South Africa were already showing resistance to as many as five of the six frontline anti-TB drugs.

3. The second part of the threat is fear of the creation of new strains of TB, which become increasingly resistant and continue to spread among people. New research by Dr. Rob Warren, also a professor of medical biochemistry at Stellenbosch, shows that two different strains of TB could be found in a single patient's lungs, implying infection more than once. His latest research has challenged another common belief, that multidrug-resistant TB in a patient already being treated must be the result of the person not taking the prescribed drugs. Instead, Warren found, some patients had both drug-sensitive and the drug-resistant strains of TB at the same time. As the patient starts treatment with antibiotics, the therapy kills the drug-sensitive strain, allowing the resistant strain to emerge as the dominant strain. Poor diagnosis means the multidrug-resistant strain is likely to be diagnosed only when the original treatment fails - and in the meantime whole communities are put at risk. It usually takes six to eight weeks to identify whether a TB strain is resistant. Drug-resistant TB is also expensive to treat - as much as R20,000 per year (\$3,200 using 6.3 rands per dollar) a patient, compared to about R200 per year (\$32) a patient for drug-susceptible TB. In South Africa, 1,000 people die from TB every day. Source: Cape Times, August 29.

#### Most of SA Accept Euthanasia

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4. Seventy percent of adults agree that family members should be allowed to switch off the life support system of a brain-dead person, according to a Research Surveys telephone survey of 493. However half opposed active euthanasia. Religion played a significant role in responses. Seventy percent of Christians, 89 percent of Muslims, and 65 percent of Ancestral believers, thought that families should turn off life support systems if the individual was brain-dead. Gender had no impact on the responses.

5. On the issue of the right to die when terminally ill, people were sharply divided. Half of those questioned agreed people should never be allowed to take their own life, even if

they were terminally ill and in considerable pain. Forty-four percent of respondents disagreed with the statement. Differences between the race groups are very strong; however, differences between different religions are not evident.

16. Another statement asked of respondents was that a terminally ill person had the right to die with medical assistance from doctors. Forty-six percent of the respondents agreed with this, while 51 percent disagreed. Differences in response between religions are not evident nor are there any age or gender differences. Source: SAPA, IOL, August 30.

#### Public Hospital Fees to Decline

17. The Department of Health announced that patient fees at public hospital rates will decrease by up to 70% once a new fee structure has been approved by provincial hospitals. Revised rates have been sent to all provincial health departments and will be implemented immediately after endorsement by provinces. The Department of Health wants the current uniform patient fees system (UPFS) to support its efforts to increase access to quality health care, saying that unless a more sustainable means of health care financing is introduced, the challenges of affordable health care will not be eliminated. The main challenge is that users of public facilities come from poor communities and are not covered by any form of health insurance or medical aid. The most affected are people with some income, who do not qualify for free health services. These users are charged at various rates depending on their income, and they usually pay these debts out of pocket from a very limited disposable monthly income. Public hospitals are not allowed to refuse patients who cannot settle their hospital bills. The UPFS was first introduced in 1993 and has not been revised since. Hospitals were instructed that patients should be charged a full consultation fee for every single hospital visit -- even if they had to be treated several times a week over the course of several years. Source: SAPA, Mail&Guardian, August 31.

#### Inquiry Launched to Determine if Ineffective AIDS Cure Still Sold

18. The Medicine Control Council (MCC) has been ordered by the Department of Health to see if the industrial solvent, Virodene, is being openly sold on the internet as a cure for AIDS. The MCC would establish whether any of the South African medicine regulatory requirements had been broken and recommend appropriate action. The Democratic Alliance charged that Virodene Pharmaceutical Holdings' website was claiming the drug was "safe and efficacious" in treating HIV/AIDS, and approved by the MCC in July 1996. Initially thought as a major breakthrough in the search for a cure for HIV/AIDS, Virodene was denied clinical trials by the MCC after a 22-month inquiry. It was reported on the internet that two South African employees of Virodene Pharmaceutical (Pty) Limited of SA were ordered to leave Tanzania in September 2001 over their alleged implication in clinical trials of Virodene PO 58. They were arrested in 2000 for allegedly importing Virodene PO58 and four other drugs, PO 59, PO 60, PO 61 and PO 62, without official approval, raising fears that Tanzanians were being used as guinea pigs. Source: SAPA, September 7.

#### Rath Foundation Conducts Illegal Experiments

19. The Dr Rath Health Foundation, led by German national Dr Matthias Rath, claims that its vitamin products can reverse the course of AIDS and says on its website that it is conducting a "clinical trial" in the township. However, the Foundation does not have the approval of the Medicines Control Council (MCC) to conduct a trial, has not registered its products with the MCC and makes unsubstantiated claims about their healing powers -- all in violation of the Medicines and Related Substances Control Act. The MCC has been investigating the Rath Foundation since April 2005. SA National Civic Organization (SANCO) members have been acting as agents for the Rath Foundation, and have set up "clinics" throughout the township. SANCO street committee members target people in their areas known to have HIV or to be sick, and encourage them to attend one of the "clinics" where they are prescribed up to 20 vitamin tablets a day.

The Rath Foundation and SANCO have also been holding public meetings in Khayelitsha where a group of patients testify to the healing properties of the vitamins. SANCO says it is "honored" to work with Rath, but the Congress of SA Trade Unions (COSATU), South African Communist Party (SACP) and local health workers have condemned the Foundation for conducting human experiments. The Foundation's products, Vitacor Plus, Epican Forte, Lysin C Drink Mix and Vita Cell, contain vitamins, minerals and lesser known ingredients such as Green Tea Leaf extract and Bioflavonoids. Patients at the "clinics" are being told to take doses that far exceed the recommended daily allowance for vitamins. In interviews on Cape Town radio

stations P4 and 786, Rath admits to running a clinical pilot study and doing blood tests. The Dr Rath Foundation website states that: "In Khayelitsha, a township of Cape Town, South Africa, we conducted a clinical pilot study in HIV positive patients with advanced AIDS who had never taken any ARV drugs. The goal of the study was to show that a combination of micronutrients can reverse the course of AIDS. Rath Foundation spokesperson Khaya Buthelezi declined to comment on any of the allegations and said "just go ahead without our response". Source: Health e Newsletter, September 6; Sunday Times, September 4.

#### Release of Two Studies Delayed

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10. Release of two research reports commissioned by provincial governments about HIV/AIDS in the Eastern Cape and rape management in the Western Cape has been delayed. The Eastern Cape Health Department wants a full investigation of the statistics, while the National Prosecuting Authority states that the rape management report was never intended for public use and that it will be released to public prosecutors once the results have been presented to the Danish government, who funded the study along with UNICEF.

11. Some of the statistics that needed confirmation in the HIV/AIDS study include: (1) One in ten people in the Eastern Cape is HIV-positive, (2) 96,000 people currently need ARV treatment, yet the Eastern Cape's Health Department 2005/6 goal is to register 15,169 people for treatment by the end of the current financial year, (3) The number of people on ARV treatment will have to increase by 20 times in order to serve the people who need treatment by 2006, (4) The Eastern Cape Health Department failed to account for the use of 73% of its HIV/AIDS budget between 2000 and 2003, while 27% went unspent, (5) 7 million Eastern Cape residents will die of AIDS by 2015 if there is no effective intervention, and (6) 120,000 orphans are currently eligible for foster care, rising to 328,000 by 2010. Rhodes University's Center for AIDS Research and Evaluation performed the study.

12. The Western Cape rape management study, Reflections on Integrated Rape Case Management, was conducted between January 2001 and May 2003 by the Gender Health and Justice Research Unit at the University of Cape Town. The report shows very poor handling of rape cases by both the police and public prosecutors. Among its findings include: (1) 61% of rape cases in Manenberg (a Cape Town township) were dismissed on the basis of there being no prima facie case; (2) 13% of rape cases in Khayelitsha and 33% in Guguletu (both Cape Town townships) were unsolved; the Khayelitsha figure rose from 23% to 44% between January and April 2003; (3) 30% of rape cases in Khayelitsha were withdrawn at the request of the complainant; and (4) a 2002 report found that 40% of all reported rapes in the country were child rapes and only 8.9% of these resulted in convictions. The data was collected from the Thuthuzela Care Center, which uses a centralized multi-disciplinary team of police investigators, social workers, and prosecutors and receives rape cases from Khayelitsha, Manenberg and Guguletu police stations. Source: Mail&Guardian, September 2.

#### Decline in 2005 SA Human Development Rating

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13. South Africa's United Nations Human Development Index (HDI) reached 120 out of 177 countries, slightly lower than 2004's HDI of 119, largely due to a fall in life expectancy because of HIV/AIDS and high levels of inequality. The HDI index tracks indicators including life expectancy, equality of income and education, based on 2003 data. South Africa was rated higher than India and most African countries, and lower than the occupied Palestinian territory, Mongolia and Indonesia. Positive trends include increasing real income and advances in gender rights. However, South Africa has an average HIV/AIDS prevalence rate of 21% for people aged 15-49. Largely due to HIV/AIDS, life expectancy dropped from 53 years in the period 1995-2000 to 49 years in the past five years. South Africa's income inequality was also problematic. The richest 10% of the population took 44% of the income, while the poorest 10% got 1.4%. South Africa was assigned an inequality rating worse than Zimbabwe or Niger, even though South African per capita income was much higher. On a Human Poverty Index of developing countries, South Africa ranked in the middle, at 56 out of 103 countries. South Africa's GDP per capita of \$3,489 was higher than many of the countries of similar rank, growing faster than Russia and the United Arab Emirates. Source: SAPA, Business Day, September 8.

#### AIDS Infections Still Increasing in Corporate Sector

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14. The HIV/AIDS prevalence rate in the corporate sector has risen to 19.4% compared to 15% in 2003, suggesting prevalence of the disease has not yet peaked, according to a survey by Old Mutual. Old Mutual's health-care survey, whose sample contained 100 companies, provides the most up-to-date snapshot of HIV infections among workers, and is one of the only studies

on prevalence in the corporate sector. The study showed most companies were not even aware of the level of infection in their organizations. Only 25 of the 100 companies had done prevalence testing. Even though companies' anonymity was guaranteed, only 12 of the 25 that had tested agreed to release their prevalence figures. Extrapolating prevalence figures from this limited sample could be distorted since companies that did prevalence testing were likely to be those most worried about AIDS, such as those in high-risk sectors like mining or transport. Several factors, including objections from trade unions fearing persecution of their members, mean many companies still did not do prevalence testing. According to Statistics SA, 16.7% of all people in SA aged 15-49 are infected, while the United Nations puts it closer to 21%. Old Mutual's figures for the corporate sector, despite their limitations, suggest the UN figures are more accurate. Source: Business Day, September 9.

TEITELBAUM